

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Allstate Insurance Company PAC

ADDRESS (number and street) ▼

2775 Sanders Road Suite A2W

☐ Check if different than previously reported. (ACC)

Northbrook

IL

60062

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00040253

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mario Rizzo

Signature of Treasurer

Mario Rizzo

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 01 2016 To: M M / D D / Y Y Y Y Y Y
02 29 2016

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|--|---|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016 | | 54982.64 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 67400.12 | |
| (c) Total Receipts (from Line 19) | 25059.66 | 47327.86 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 92459.78 | 102310.50 |
| 7. Total Disbursements (from Line 31) | 24625.73 | 34476.45 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 67834.05 | 67834.05 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period:

From:

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 01 | / | 2016 |

To:

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 29 | / | 2016 |

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10217.98

12144.56

(ii) Unitemized

14841.68

35183.30

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

25059.66

47327.86

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

25059.66

47327.86

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

25059.66

47327.86

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ►

25059.66

47327.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 125.73 | 276.45 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 125.73 | 276.45 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 22000.00 | 32000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 2500.00 | 2200.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 24625.73 | 34476.45 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 24625.73 | 34476.45 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 25059.66 | 47327.86 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 25059.66 | 47327.86 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 125.73 | 276.45 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 125.73 | 276.45 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM P BALLINGER

Mailing Address 61 Tournament Dr N

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-PO-Chief Underwriter

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237478

Amount of Each Receipt this Period

58.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VANITA M BANKS

Mailing Address POB 7357

City

Buffalo Grove

State

IL

Zip Code

60089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

02 / 05 / 2016

Transaction ID : A2016-80221

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City

LAKE ZURICH

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-CLAIMS-Technical Execu

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.28

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237542

Amount of Each Receipt this Period

55.57

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1613.57

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. GREGORY C BURNS

Mailing Address 2000 N. BROADMOOR LANE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-HR-Client Partnership

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.40

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237464

Amount of Each Receipt this Period

60.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALICE M BYRNE

Mailing Address 4121 109TH STREET

City

PLEASANT PRAIRI

State

WI

Zip Code

53158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.43

Date of Receipt

02 / 05 / 2016

Transaction ID : A2016-80093

Amount of Each Receipt this Period

94.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALICE M BYRNE

Mailing Address 4121 109TH STREET

City

PLEASANT PRAIRI

State

WI

Zip Code

53158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.24

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237621

Amount of Each Receipt this Period

94.81

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.97

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 41
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. PETER T CORRIGAN

Mailing Address 28852 FOREST LAKE LANE

City State Zip Code
 GREEN OAKS IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ATSV-Group CIO Person

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 05 / 2016

Transaction ID : A2016-79901

Amount of Each Receipt this Period

70.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PETER T CORRIGAN

Mailing Address 28852 FOREST LAKE LANE

City State Zip Code
 GREEN OAKS IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ATSV-Group CIO Person

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237427

Amount of Each Receipt this Period

70.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City State Zip Code
 ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PO-Product Vice Presid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237596

Amount of Each Receipt this Period

58.91

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 41
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Victoria A Dinges

Mailing Address 421 Chapel Hill Lane

City State Zip Code
 Northfield IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company SVP-CR-Ent. Social Resp.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.42

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 05 / 2016

Transaction ID : A2016-80159

Amount of Each Receipt this Period

68.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Victoria A Dinges

Mailing Address 421 Chapel Hill Lane

City State Zip Code
 Northfield IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company SVP-CR-Ent. Social Resp.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237687

Amount of Each Receipt this Period

68.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KATHLEEN N ENRIGHT

Mailing Address 10323 TRUMBULL AVE

City State Zip Code
 CHICAGO IL 60655

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company VP-FSS-Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237590

Amount of Each Receipt this Period

53.85

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

190.13

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City
INVERNESS

State Zip Code
IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-HR-Diversity & Org. Ef

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : A2016-237432

Amount of Each Receipt this Period

59.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. James J Flynn

Mailing Address 5 Sunset Terrace

City
West Hartford

State Zip Code
CT 06107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ABD-Field Vice Preside

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : A2016-237731

Amount of Each Receipt this Period

62.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANGELA K FONTANA

Mailing Address 1280 WILD ROSE LANE

City
LAKE FOREST

State Zip Code
IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-L&R-Allstate Financial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : A2016-237643

Amount of Each Receipt this Period

58.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Mary Jane B Fortin

Mailing Address 4510 Shetland Lane

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-APL-President Allstat

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

579.00

Date of Receipt

02 / 05 / 2016

Transaction ID : A2016-80205

Amount of Each Receipt this Period

193.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary Jane B Fortin

Mailing Address 4510 Shetland Lane

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-APL-President Allstat

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

772.00

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237734

Amount of Each Receipt this Period

193.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Oyauma M Garrison

Mailing Address 1040 Heritage St

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ABD-Field Vice Preside

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237730

Amount of Each Receipt this Period

58.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

444.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 41

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. GEORGE F GRAWE

Mailing Address 801 N. Vail Avenue

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-L&R-Staff & Retained

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

226.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 9 | | 2 | 0 | 1 | 6 |

Transaction ID : A2016-237494

Amount of Each Receipt this Period

56.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark A Green

Mailing Address 1711 Wildwood Ct

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-AB2B-President Encomp

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

205.05

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 0 | 5 | | 2 | 0 | 1 | 6 |

Transaction ID : A2016-80169

Amount of Each Receipt this Period

68.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mark A Green

Mailing Address 1711 Wildwood Ct

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-AB2B-President Encomp

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

273.40

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 9 | | 2 | 0 | 1 | 6 |

Transaction ID : A2016-237697

Amount of Each Receipt this Period

68.35

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

193.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JUDITH P GREFFIN

Mailing Address 338 North Kenilworth

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-INV-Chief Investment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.31

Date of Receipt

02 / 05 / 2016

Transaction ID : A2016-79976

Amount of Each Receipt this Period

80.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JUDITH P GREFFIN

Mailing Address 338 North Kenilworth

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-INV-Chief Investment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.08

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237503

Amount of Each Receipt this Period

80.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sanjay Gupta

Mailing Address 1971 Farnsworth Ln

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-Mktg Innovation & Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.40

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237718

Amount of Each Receipt this Period

66.35

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

227.89

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. David S Harper

Mailing Address 41 Lancaster Lane

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-FSS-Tax

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.66

Date of Receipt

02 / 05 / 2016

Transaction ID : A2016-80173

Amount of Each Receipt this Period

69.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David S Harper

Mailing Address 41 Lancaster Lane

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-FSS-Tax

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.88

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237701

Amount of Each Receipt this Period

69.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cheryl A Harris

Mailing Address 4136 Three Lakes Drive

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABO-Sourcing & Procur

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.48

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237711

Amount of Each Receipt this Period

66.12

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

204.56

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. HARRIET K HARTY

Mailing Address 1112 Rose Street

City State Zip Code
 PARK RIDGE IL 60068

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-HR-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 07 / 2016

Transaction ID : A2016-70383

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code
 LINDENHURST IL 60046

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-PO-Regional Product M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 05 / 2016

Transaction ID : A2016-79957

Amount of Each Receipt this Period

143.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code
 LINDENHURST IL 60046

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-PO-Regional Product M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237484

Amount of Each Receipt this Period

143.89

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1287.78

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. PAMELA B HOLLANDER

Mailing Address 2830 Lexington Lane

City State Zip Code
 Highland Park IL 60035

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-MKTG-AB2B Sponsorships

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237428

Amount of Each Receipt this Period

58.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARIANO A IMBARRATO

Mailing Address 10825 CHAUCER DRIVE

City State Zip Code
 WILLOW SPRINGS IL 60480

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-AF-Capital Planning &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.16

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237548

Amount of Each Receipt this Period

52.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wilford J Kavanaugh

Mailing Address 7 Open Parkway North

City State Zip Code
 Hawthorn Woods IL 60047

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-APL-Life Ins. & Broke

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.64

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237706

Amount of Each Receipt this Period

58.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

168.95

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER R KIAH

Mailing Address 221 BRAMPTON LN

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABO-Portfolio Mgmt &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.32

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237420

Amount of Each Receipt this Period

59.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SUSAN L LEES

Mailing Address 1950 Merritt Lane

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-L&R-Gen'l Counsel & C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

02 / 05 / 2016

Transaction ID : A2016-79892

Amount of Each Receipt this Period

115.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SUSAN L LEES

Mailing Address 1950 Merritt Lane

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-L&R-Gen'l Counsel & C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237418

Amount of Each Receipt this Period

115.38

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

289.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Peter G Logothesis

Mailing Address 2326 Indian Ridge Drive

City State Zip Code
 Glenview IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ATSV Group CIO/CTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237707

Amount of Each Receipt this Period

63.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Katherine A Mabe

Mailing Address 2750 Commons Drive

City State Zip Code
 Glenview IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-APL-Allstate Brand Di

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 05 / 2016

Transaction ID : A2016-80177

Amount of Each Receipt this Period

117.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Katherine A Mabe

Mailing Address 2750 Commons Drive

City State Zip Code
 Glenview IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-APL-Allstate Brand Di

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237705

Amount of Each Receipt this Period

117.69

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

299.05

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Rhonda J Masser

Mailing Address 4807 Wildwood Dr

City

McHenry

State

IL

Zip Code

60051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

HR-Client Partnership-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.26

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 9 | | 2 | 0 | 1 | 6 |

Transaction ID : A2016-237511

Amount of Each Receipt this Period

58.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CRAIG H MCCLURE

Mailing Address 2507 PRINCETON AVE

City

EVANSTON

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATSV-Business Analyst-Exp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 0 | 5 | | 2 | 0 | 1 | 6 |

Transaction ID : A2016-69743

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THOMAS R MCDONNELL

Mailing Address 1519 Lincoln Street

City

EVANSTON

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PF-Property & Casualty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.04

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 9 | | 2 | 0 | 1 | 6 |

Transaction ID : A2016-237625

Amount of Each Receipt this Period

57.51

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

365.51

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Jesse E Merten

Mailing Address 76 Logan Loop

City State Zip Code
 Highland Park IL 60035

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-FSS-Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 05 / 2016

Transaction ID : A2016-80180

Amount of Each Receipt this Period

72.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jesse E Merten

Mailing Address 76 Logan Loop

City State Zip Code
 Highland Park IL 60035

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-FSS-Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237708

Amount of Each Receipt this Period

72.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JAMES E MURRAY

Mailing Address 23665 N. HILLFARM RD

City State Zip Code
 LAKE BARRINGTON IL 60010

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-CLAIMS-Claims Executiv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237417

Amount of Each Receipt this Period

56.07

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-L&R-Protection Law

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.18

Date of Receipt

02 / 05 / 2016

Transaction ID : A2016-80070

Amount of Each Receipt this Period

69.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-L&R-Protection Law

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.24

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237598

Amount of Each Receipt this Period

69.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City

LAKE BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ATSV-Bus Prtn-Busines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.85

Date of Receipt

02 / 05 / 2016

Transaction ID : A2016-79990

Amount of Each Receipt this Period

74.95

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

213.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

| | | |
|-----------------|-------|----------|
| City | State | Zip Code |
| LAKE BARRINGTON | IL | 60010 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ATSV-Bus Prtn-Busines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.80

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 19 | / | 2016 |

Transaction ID : A2016-237517

Amount of Each Receipt this Period

74.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| DEER PARK | IL | 60010 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-L&R-Enterprise Busine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 05 | / | 2016 |

Transaction ID : A2016-80114

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| DEER PARK | IL | 60010 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-L&R-Enterprise Busine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 19 | / | 2016 |

Transaction ID : A2016-237642

Amount of Each Receipt this Period

75.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

224.95

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 41
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. PAMELA J OVERTON

Mailing Address 1677 Lee Road

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Clearwater | FL | 33765 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.64

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | / | 19 | / | 2016 |

Transaction ID : A2016-237498

Amount of Each Receipt this Period

52.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STEVEN A PETTI

Mailing Address 580 SALCEDA DR

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| MUNDELEIN | IL | 60060 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PF-Property & Casualty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.96

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | / | 19 | / | 2016 |

Transaction ID : A2016-237444

Amount of Each Receipt this Period

57.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DAVID J PRENDERGAST

Mailing Address 8262 Arrowleaf Turn

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Gainesville | VA | 20155 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-ABD-Pres. Eastern Ter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.22

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | / | 05 | / | 2016 |

Transaction ID : A2016-79912

Amount of Each Receipt this Period

84.74

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

194.89

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DAVID J PRENDERGAST

Mailing Address 8262 Arrowleaf Turn

City State Zip Code
 Gainesville VA 20155

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-ABD-Pres. Eastern Ter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.96

Date of Receipt

M M / D D / Y Y Y Y Y
 02 19 2016

Transaction ID : A2016-237439

Amount of Each Receipt this Period

84.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City State Zip Code
 OAK LAWN IL 60453

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-APL-Chief Financial O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.40

Date of Receipt

M M / D D / Y Y Y Y Y
 02 19 2016

Transaction ID : A2016-237550

Amount of Each Receipt this Period

66.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Rugel

Mailing Address 10 Lancelot Lane

City State Zip Code
 Hawthorn Woods IL 60047

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABO-Life UW & Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 19 2016

Transaction ID : A2016-237714

Amount of Each Receipt this Period

58.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

209.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Donald D Sands

Mailing Address 321 North Brainard Avenue

City State Zip Code
Lagrange Park IL 60526

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-APL-Strategic Dist. Bu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.32

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2016

Transaction ID : A2016-237702

Amount of Each Receipt this Period

59.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-HR-HR Business Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.16

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2016

Transaction ID : A2016-237467

Amount of Each Receipt this Period

61.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAUL SCHUTT

Mailing Address 6323 N. NORMANDY

City State Zip Code
CHICAGO IL 60631

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-FSS-Internal Auditing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.52

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2016

Transaction ID : A2016-237549

Amount of Each Receipt this Period

58.38

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

178.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DAVID J SCHWARTZER

Mailing Address 128 Waverly Circle

City State Zip Code
 Phoenixville PA 19460

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237624

Amount of Each Receipt this Period

55.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STACY Y SHARPE

Mailing Address 1100 N. Lake Shore Drive

City State Zip Code
 Chicago IL 60611

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-CR-Strategic & Consum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237574

Amount of Each Receipt this Period

58.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City State Zip Code
 WHEATON IL 60189

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-FSS-Chief Financial O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 05 / 2016

Transaction ID : A2016-80027

Amount of Each Receipt this Period

173.08

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

287.51

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 28 OF 41
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City State Zip Code
WHEATON IL 60189

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-FSS-Chief Financial O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : A2016-237555

Amount of Each Receipt this Period

173.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-PO-Product Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : A2016-80091

Amount of Each Receipt this Period

99.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-PO-Product Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : A2016-237619

Amount of Each Receipt this Period

99.82

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

372.72

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City
GURNEE

State Zip Code
IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ATSV-Bus Prtn-Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.24

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2016

Transaction ID : A2016-237504

Amount of Each Receipt this Period

62.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHANTELE A THOMAS

Mailing Address 906 N. Vail Ave.

City
Arlington Heights

State Zip Code
IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-FSS-Insurance Claims R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2016

Transaction ID : A2016-237673

Amount of Each Receipt this Period

58.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM J THOMPSON

Mailing Address 5129 Pine River Trail

City
Castle Rock

State Zip Code
CO 80108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.76

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2016

Transaction ID : A2016-237486

Amount of Each Receipt this Period

54.69

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MELINDA S TUNNER

Mailing Address 190 West Johnson Street

City State Zip Code
 Palatine IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ABD-Sales Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237633

Amount of Each Receipt this Period

58.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City State Zip Code
 INVERNESS IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-L&R-Government & Indu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237553

Amount of Each Receipt this Period

66.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PATRICIA C VANLAMMEREN

Mailing Address 9725 Woods Drive

City State Zip Code
 Skokie IL 60077

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-APL-Field Business Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.77

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 05 / 2016

Transaction ID : A2016-80124

Amount of Each Receipt this Period

73.59

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

197.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. PATRICIA C VANLAMMEREN

Mailing Address 9725 Woods Drive

City State Zip Code
 Skokie IL 60077

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company SVP-APL-Field Business Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237652

Amount of Each Receipt this Period

73.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Wasserman

Mailing Address 1N165 Partridge Dr

City State Zip Code
 Wheaton IL 60188

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company SVP-MKTG-eBusiness & Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 05 / 2016

Transaction ID : A2016-80172

Amount of Each Receipt this Period

73.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert Wasserman

Mailing Address 1N165 Partridge Dr

City State Zip Code
 Wheaton IL 60188

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company SVP-MKTG-eBusiness & Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : A2016-237700

Amount of Each Receipt this Period

73.84

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

221.27

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Mary P Weiss

Mailing Address 5209 Westwood Drive

City State Zip Code
 Bethesda MD 20816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-L&R-Legislative & Regu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.24

Date of Receipt

02 / 05 / 2016

Transaction ID : A2016-80196

Amount of Each Receipt this Period

195.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary P Weiss

Mailing Address 5209 Westwood Drive

City State Zip Code
 Bethesda MD 20816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-L&R-Legislative & Regu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.32

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237725

Amount of Each Receipt this Period

195.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CYNTHIA M WHITFIELD

Mailing Address 298 Keswick Grove Lane

City State Zip Code
 Franklin TN 37067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237456

Amount of Each Receipt this Period

58.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

448.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 41

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

232.00

Date of Receipt

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 | | 1 | 9 | | 2 | 0 | 1 | 6 | | |

Transaction ID : A2016-237545

Amount of Each Receipt this Period

58.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

830.76

Date of Receipt

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 | | 0 | 5 | | 2 | 0 | 1 | 6 | | |

Transaction ID : A2016-80087

Amount of Each Receipt this Period

276.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1107.68

Date of Receipt

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 | | 1 | 9 | | 2 | 0 | 1 | 6 | | |

Transaction ID : A2016-237615

Amount of Each Receipt this Period

276.92

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

611.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Matthew E Winter

Mailing Address 70 Ferncliff Drive

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-APL-Pres. The Allstat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.86

Date of Receipt

02 / 05 / 2016

Transaction ID : A2016-80175

Amount of Each Receipt this Period

184.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matthew E Winter

Mailing Address 70 Ferncliff Drive

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-APL-Pres. The Allstat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.48

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237703

Amount of Each Receipt this Period

184.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-APL-Chief Data Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.25

Date of Receipt

02 / 05 / 2016

Transaction ID : A2016-80041

Amount of Each Receipt this Period

66.75

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

435.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-APL-Chief Data Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237569

Amount of Each Receipt this Period

66.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROBERT L ZEMAN

Mailing Address 2004 PEACHTREE LANE

City

ARLINGTON HEIGH

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

02 / 19 / 2016

Transaction ID : A2016-237685

Amount of Each Receipt this Period

58.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City

AURORA

State

IL

Zip Code

60502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.02

Date of Receipt

02 / 05 / 2016

Transaction ID : A2016-80095

Amount of Each Receipt this Period

78.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

203.09

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City State Zip Code
 AURORA IL 60502

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 19 2016

Transaction ID : A2016-237623

Amount of Each Receipt this Period

78.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CARLA A ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City State Zip Code
 VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company SVP-ABO-Operations Suppor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 19 2016

Transaction ID : A2016-237653

Amount of Each Receipt this Period

50.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

128.82

10217.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 41

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Terri Sewell for Congress

Mailing Address 499 South Capitol St SW Suite 422

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20003 |
|--------------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Terri SewellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 02 | | 2016 |

Transaction ID : B593465

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LaHood for Congress

Mailing Address 5827 Colfax Avenue

| | | |
|--------------------|-------------|-------------------|
| City Alexandria | State VA | Zip Code 22311 |
|--------------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Darin LaHoodOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 09 | | 2016 |

Transaction ID : B593981

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dan Lipinski for Congress

Mailing Address P.O. Box 520

| | | |
|-------------------------|-------------|-------------------|
| City Western Springs | State IL | Zip Code 60558 |
|-------------------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Daniel LipinskiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 09 | | 2016 |

Transaction ID : B593989

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 3500.00 |
|---------|

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 41

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Blaine for Congress

Mailing Address 3410 Alabama Avenue

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Alexandria | VA | 22305 |

Purpose of Disbursement
Contribution

Candidate Name

Blaine LuetkemeyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 02 | / | 2016 |

Transaction ID : B593464

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Scott for Senate

Mailing Address 499 South Capitol Street SW Ste 42

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Purpose of Disbursement
Contribution

Candidate Name

Tim ScottOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 02 | / | 2016 |

Transaction ID : B593461

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kenny Marchant for Congress

Mailing Address 104 Hume Avenue

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Alexandria | VA | 22301 |

Purpose of Disbursement
Contribution

Candidate Name

Kenny MarchantOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 24

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 18 | / | 2016 |

Transaction ID : B594884

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 5000.00 |
|---------|

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 41

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 09 | | 2016 |

Mailing Address 120 Maryland Ave. NE

Transaction ID : B594088

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20002 |

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011

| | |
|--------|---------|
| Amount | 5000.00 |
|--------|---------|

Candidate Name

Category/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input checked="" type="checkbox"/> Other (specify) ▼ | |

☐ Memo Item

State: District: Not Applicable

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 12 | | 2016 |

Mailing Address 5827 Colfax Avenue

Transaction ID : B594376

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Alexandria | VA | 22311 |

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011

| | |
|--------|---------|
| Amount | 5000.00 |
|--------|---------|

Candidate Name

Category/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input checked="" type="checkbox"/> Other (specify) ▼ | |

☐ Memo Item

State: District: Not Applicable

Full Name (Last, First, Middle Initial)

C. Gwen Moore for Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 02 | | 2016 |

Mailing Address PO Box 16646

Transaction ID : B593466

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Milwaukee | WI | 53216 |

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011

| | |
|--------|---------|
| Amount | 1000.00 |
|--------|---------|

Candidate Name

Category/
Type

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

☐ Memo Item

State: WI District: 04

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 41

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Ryan For Congress

Mailing Address 1006 Pendleton Street

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Alexandria | VA | 22314 |

Purpose of Disbursement
Contribution

Candidate Name

Paul D Ryan

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: WI District: 01

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|---------------|
| M M M | / | D D D | / | Y Y Y Y Y Y Y |
| 02 | | 09 | | 2016 |

Transaction ID : B593979

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| |
|---|
| Disbursement For: |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|---------------|
| M M M | / | D D D | / | Y Y Y Y Y Y Y |
|-------|---|-------|---|---------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| |
|---|
| Disbursement For: |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|---------------|
| M M M | / | D D D | / | Y Y Y Y Y Y Y |
|-------|---|-------|---|---------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 2500.00 |
|---------|

| |
|----------|
| 22000.00 |
|----------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 41

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Pete Ricketts for Governor

Mailing Address P.O Box 241604

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| Omaha | NE | 68124 |

Purpose of Disbursement
P-2018 Governor NE

Candidate Name

Pete Ricketts

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: NE District:

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|---------------|
| M M M | / | D D D | / | Y Y Y Y Y Y Y |
| 02 | | 16 | | 2016 |

Transaction ID : B594598

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|---------------|
| M M M | / | D D D | / | Y Y Y Y Y Y Y |
|-------|---|-------|---|---------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|---------------|
| M M M | / | D D D | / | Y Y Y Y Y Y Y |
|-------|---|-------|---|---------------|

Amount of Each Disbursement this Period

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| |
|--|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 2500.00 |
|---------|

| |
|---------|
| 2500.00 |
|---------|